

## Training

- ☐ CIT In-Service, 8-hour
 ☐ CIT Basic, 40-hour
 ☐ CIT Advanced, 8-hour  
☐ CIT-Youth, 8-hour  
☐ Commissioned Officer/Deputy
 ☐ Civilian (Hourly Pay Rate \$\_\_\_\_)

**Student(s) Name(s)-more than one student can be listed here, if less than 40 hours requested, list in parentheses next to student name.**

|  |                     |
|--|---------------------|
|  |                     |
|  |                     |
| <b>Session Number &amp; Date(s)</b>                          |                     |
|  |                     |
| <b>Agency Name</b>   | <b>Agency Email</b> |
|  |                     |
| <b>Agency Contact and Address to Remit Reimbursement To:</b> |                     |
|  |                     |
|  |                     |

I, the undersigned, do hereby attest that the above named student (s) is (are) ESSENTIAL PERSONNEL to our agency and another staff person is backfilling or working overtime to cover the student's position. As a result, I request reimbursement (set at \$55 per hour for commissioned personnel) for our agency.

I understand that our agency will only be reimbursed after the full training is completed.

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Printed Name, Rank

Signature

Date

The completed form may be:

1. Faxed to 206-835-7926, to Rachelle Parslow, MIDD CIT-King CO Program Administrator.
2. Emailed to [rparslow@cjtc.state.wa.us](mailto:rparslow@cjtc.state.wa.us) with all signatures on form.
3. Mailed to:

Rachelle Parslow, MIDD CIT-King CO  
 WSCJTC  
 19010 1<sup>st</sup> Ave S  
 Burien, WA 98148

Reimbursement form must be submitted at least (7) business days prior to the class start.

Questions? Comments? E mail [rparslow@cjtc.state.wa.us](mailto:rparslow@cjtc.state.wa.us).